

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107088719**

FILING DATE **21 MAR 2002**

APPLICANT(S) *Fujii*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2				/			52				
3							53				
4							54				
5							55				
6							56				
7				/			57				
8				/			58				
9				/			59				
10							60				
11							61				
12							62				
13				/			63				
14				/			64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25				/			75				
26				/			76				
27				/			77				
28				/			78				
29				/			79				
30				/			80				
31				/			81				
32				/			82				
33				/			83				
34				/			84				
35				/			85				
36				/			86				
37				/			87				
38				/			88				
39				/			89				
40				/			90				
41				/			91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			/				TOTAL IND.				
TOTAL DEP.			23				TOTAL DEP.				
TOTAL CLAIMS			24				TOTAL CLAIMS				